



Last Updated: 03/09/2022

Changes to Virginia Medicaid Billing Instructions for UB Claims for Inpatient Residential Treatment and Intermediate Care Facilities — June 1, 2012

The purpose of this memorandum is to notify you of several changes to your Medicaid billing instructions. Please review these changes carefully.

Effective with any submitted claim received on or after June 1, 2012, DMAS will be changing the bill types to insure compliance with UB and EDI billing standards for intermediate care facilities and inpatient residential treatment facilities. If your facility is currently using one of the old bill types indicated below, please note the appropriate new code.

Please note the new bill types that will be used in Locator 4 of the UB claim:

Provider:	Old Bill Type:	New Bill Type:
Inpatient Residential Treatment Facilities	0161	0861
	0162	0862
	0163	0863
	0164	0864
	0167	0867
	0168	0868
Intermediate Care Mental Retardation Facilities:	0611	0651
	0612	0652
	0613	0653
	0614	0654
	0617	0657
	0618	0658

This change will also require the admission date to be on all inpatient claims. The admission diagnosis is no longer required but the providers are encouraged to submit the admission diagnosis if known. Providers should advise their service centers that DMAS does want the



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admission diagnosis submitted. This change involving bill types, admission date, and the admitting diagnosis does not change any other aspect of DMAS' claim submission requirements (eg, discharge status, covered days, revenue codes).

FOR NURSING FACILITIES ONLY

For block 17 - Admission (which is a required field). The nursing facility should enter the admission date for either the original admission or subsequent admissions following a hospitalization. Changing the admission date in this block does not affect submission of the PIRS form for processing.

Example: If an individual is admitted on 01/01/10 and remains in your facility ongoing, the admission date in block 17 would be 01/01/10.

If an individual is admitted on 01/01/10 and remains in your facility until 07/01/11, when they are hospitalized, and returns as an admission on 07/05/11, then the re-admission date in block 17 would change to 07/05/11. This allows the hospital and other providers to receive payment for services during the time the individual was not in the nursing facility.

Failure to correct the admission date after hospitalizations will result in denial of claims submitted by the hospital and other providers. Consequently, Nursing facilities may need to be involved in resolution of claims issues, which can be avoided with the submission of the correct admission date.

Are You Ready for 300H Implementation?

Item #300H of the 2011 General Assembly Appropriation Act requires all providers to submit claims electronically via Electronic Data Interchange (EDI) or Direct Data Entry (DDE), and receive payments via Electronic Funds Transfer (EFT) for those services provided to Medicaid enrollees. If you are not already submitting claims electronically, please contact the EDI Helpdesk at 866-352-0766 for more information. If you do not receive your payment by EFT, please contact Provider Enrollment Services as soon as possible at 888-829-5373. The deadline for all providers to submit their claims electronically and receive payments by EFT is July 1, 2012.



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VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800- 884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KePRO's Provider Portal, effective October 31, 2011 at <http://dmas.kepro.org/>.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions - Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Emdeon www.emdeon.com Telephone: 1 (877) 363-3666
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"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.